

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME/MAC
ADDRESS: 600 SOUTH WALNUT STREET, BOX 25
 BOISE, ID 83707

FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STA
LOCATION: 4848 NORTH 5600 WEST
 MACKAY, ID 83251

ATTN: GARY BYRNE, PROD SUPERVISOR

| | |
|---------------|------------------|
| IDG130030 | SUM-A |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 01/01/2011 | 01/31/2011 |

DMR Mailing ZIP CODE: 83707

MINOR

(SUBR 06)

FACILITY TOTAL

Sum

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|------------------------------------|--------------------|---------------------|-------|-------|--------------------------|---------------------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Temperature, water deg. centigrade | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 11 | 11 | | | Monthly | METER |
| 00010 Q 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 19 DAILY AV | 22 INST MAX | deg C | | Monthly | METER |
| Temperature, water deg. centigrade | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00010 R 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 9 DAILY AV | 13 INST MAX | deg C | | Monthly | METER |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00530 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00530 O 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 2 DAILY AV | 2 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 00530 P 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 5 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Solids, settleable | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | ***** | | | | |
| 00545 S 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 2 DAILY AV | ***** | mL/L | | Twice Per Year | CALCTD |

| | | | | |
|--|---|--|--------|------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER TYPED OR PRINTED | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | TELEPHONE | | DATE |
| | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | |
| | | AREA Code | NUMBER | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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|--|--------------------|---------------------|-----------------------|-------|--------------------------|---------------------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00665 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00665 2 0 Effluent Net | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | .1 MO AVG | .16 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00665 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Hardness, total [as CaCO3] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 00900 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | COMPOS |
| Copper, total recoverable | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 01119 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | COMPOS |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | ***** | 17.8 | | ***** | ***** | ***** | ***** | | Monthly | MEASRD |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | Req. Mon. DAILY MX | cfs | ***** | ***** | ***** | ***** | | Monthly | MEASRD |

| | | | | |
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(SUBR 06)

FACILITY TOTAL

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|------------------------------------|--------------------|---------------------|-------|-------|--------------------------|---------------------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Temperature, water deg. centigrade | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 11 | 11 | | | Monthly | METER |
| 00010 Q 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 19 DAILY AV | 22 INST MAX | deg C | | Monthly | METER |
| Temperature, water deg. centigrade | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00010 R 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 9 DAILY AV | 13 INST MAX | deg C | | Monthly | METER |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00530 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00530 O 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 2 DAILY AV | 2 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 00530 P 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 5 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Solids, settleable | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | ***** | | | | |
| 00545 S 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 2 DAILY AV | ***** | mL/L | | Twice Per Year | CALCTD |

| | | | | |
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|--|--------------------|---------------------|-----------------------|-------|--------------------------|---------------------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00665 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00665 2 0 Effluent Net | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | .1 MO AVG | .16 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00665 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Hardness, total [as CaCO3] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 00900 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | COMPOS |
| Copper, total recoverable | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 01119 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | COMPOS |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | ***** | 18.5 | | ***** | ***** | ***** | ***** | | Monthly | MEASRD |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | Req. Mon. DAILY MX | cfs | ***** | ***** | ***** | ***** | | Monthly | MEASRD |

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|------------------------------------|--------------------|---------------------|-------|-------|--------------------------|---------------------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Temperature, water deg. centigrade | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00010 Q 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 19 DAILY AV | 22 INST MAX | deg C | | Monthly | METER |
| Temperature, water deg. centigrade | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 11 | 11 | | | Monthly | METER |
| 00010 R 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 9 DAILY AV | 13 INST MAX | deg C | | Monthly | METER |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00530 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00530 O 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 2 DAILY AV | 2 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 00530 P 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 5 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Solids, settleable | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | ***** | | | | |
| 00545 S 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 2 DAILY AV | ***** | mL/L | | Twice Per Year | CALCTD |

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| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00665 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00665 2 0 Effluent Net | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | .1 MO AVG | .16 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00665 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Hardness, total [as CaCO3] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 00900 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | COMPOS |
| Copper, total recoverable | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 01119 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | COMPOS |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | ***** | 19.6 | | ***** | ***** | ***** | ***** | | Monthly | MEASRD |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | Req. Mon. DAILY MX | cfs | ***** | ***** | ***** | ***** | | Monthly | MEASRD |

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| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Temperature, water deg. centigrade | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00010 Q 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 19 DAILY AV | 22 INST MAX | deg C | | Monthly | METER |
| Temperature, water deg. centigrade | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 11 | 11 | | 30 | Monthly | METER |
| 00010 R 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 9 DAILY AV | 13 INST MAX | deg C | | Monthly | METER |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | < 2 | < 2 | | | Twice Per Year | COMPOS |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | < 2 | < 2 | | | Twice Per Year | COMPOS |
| 00530 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | < 2 | < 2 | | | Twice Per Year | CALCTD |
| 00530 O 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 2 DAILY AV | 2 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | < 2 | | | Twice Per Year | CALCTD |
| 00530 P 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 5 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Solids, settleable | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | .1 | ***** | | | Twice Per Year | CALCTD |
| 00545 S 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 2 DAILY AV | ***** | mL/L | | Twice Per Year | CALCTD |

| | | | | |
|--|---|--|--------|------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER TYPED OR PRINTED | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | TELEPHONE | | DATE |
| | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | |
| | | AREA Code | NUMBER | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SEE INSTRUCTION SHEET ACCOMPANYING DMR.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME/MAC
ADDRESS: 600 SOUTH WALNUT STREET, BOX 25
 BOISE, ID 83707

FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STA
LOCATION: 4848 NORTH 5600 WEST
 MACKAY, ID 83251

ATTN: GARY BYRNE, PROD SUPERVISOR

| | |
|-------------------|------------------|
| IDG130030 | SUM-A |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 04/01/2011 | 04/30/2011 |

DMR Mailing ZIP CODE: 83707

MINOR

(SUBR 06)

FACILITY TOTAL

Sum

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|-----------------------|-------|--------------------------|---------------------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | .0275 | .028 | | | Twice Per Year | COMPOS |
| 00665 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | .0175 | .018 | | | Twice Per Year | CALCTD |
| 00665 2 0 Effluent Net | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | .1 MO AVG | .16 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | .01 | .01 | | | Twice Per Year | COMPOS |
| 00665 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Hardness, total [as CaCO3] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 00900 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | COMPOS |
| Copper, total recoverable | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 01119 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | COMPOS |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | ***** | 20.9 | | ***** | ***** | ***** | ***** | | Twice Per Month | MEASRD |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | Req. Mon. DAILY MX | cfs | ***** | ***** | ***** | ***** | | Monthly | MEASRD |

| | | | | |
|--|---|--|--|------------|
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| | | | | |
| TYPED OR PRINTED | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | AREA Code |
| | | | | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME/MAC
ADDRESS: 600 SOUTH WALNUT STREET, BOX 25
 BOISE, ID 83707

FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STA
LOCATION: 4848 NORTH 5600 WEST
 MACKAY, ID 83251

ATTN: GARY BYRNE, PROD SUPERVISOR

| | |
|---------------|------------------|
| IDG130030 | SUM-A |
| PERMIT NUMBER | DISCHARGE NUMBER |

| MONITORING PERIOD | |
|-------------------|------------|
| MM/DD/YYYY | MM/DD/YYYY |
| 05/01/2011 | 05/31/2011 |

DMR Mailing ZIP CODE: 83707

MINOR

(SUBR 06)

FACILITY TOTAL

Sum

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|------------------------------------|--------------------|---------------------|-------|-------|--------------------------|---------------------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Temperature, water deg. centigrade | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00010 Q 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 19 DAILY AV | 22 INST MAX | deg C | | Monthly | METER |
| Temperature, water deg. centigrade | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 11 | 11 | | 31 | Monthly | METER |
| 00010 R 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 9 DAILY AV | 13 INST MAX | deg C | | Monthly | METER |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00530 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00530 O 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 2 DAILY AV | 2 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 00530 P 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 5 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Solids, settleable | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | ***** | | | | |
| 00545 S 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 2 DAILY AV | ***** | mL/L | | Twice Per Year | CALCTD |

| | | | | |
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| | | AREA Code | NUMBER | MM/DD/YYYY |

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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME/MAC
ADDRESS: 600 SOUTH WALNUT STREET, BOX 25
 BOISE, ID 83707

FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STA
LOCATION: 4848 NORTH 5600 WEST
 MACKAY, ID 83251

ATTN: GARY BYRNE, PROD SUPERVISOR

| | |
|---------------|------------------|
| IDG130030 | SUM-A |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 05/01/2011 | 05/31/2011 |

DMR Mailing ZIP CODE: 83707

MINOR

(SUBR 06)

FACILITY TOTAL

Sum

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|-----------------------|-------|--------------------------|---------------------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00665 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00665 2 0 Effluent Net | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | .1 MO AVG | .16 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00665 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Hardness, total [as CaCO3] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 00900 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | COMPOS |
| Copper, total recoverable | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 01119 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | COMPOS |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | ***** | 19 | | ***** | ***** | ***** | ***** | | Monthly | MEASRD |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | Req. Mon. DAILY MX | cfs | ***** | ***** | ***** | ***** | | Monthly | MEASRD |

| | | | | |
|--|---|--|--|------------|
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FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STA
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 MACKAY, ID 83251

ATTN: GARY BYRNE, PROD SUPERVISOR

| | |
|---------------|------------------|
| IDG130030 | SUM-A |
| PERMIT NUMBER | DISCHARGE NUMBER |

| MONITORING PERIOD | |
|-------------------|------------|
| MM/DD/YYYY | MM/DD/YYYY |
| 06/01/2011 | 06/30/2011 |

DMR Mailing ZIP CODE: 83707

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FACILITY TOTAL

Sum

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| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|------------------------------------|--------------------|---------------------|-------|-------|--------------------------|---------------------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Temperature, water deg. centigrade | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00010 Q 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 19 DAILY AV | 22 INST MAX | deg C | | Monthly | METER |
| Temperature, water deg. centigrade | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 11 | 11 | | 30 | Monthly | METER |
| 00010 R 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 9 DAILY AV | 13 INST MAX | deg C | | Monthly | METER |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00530 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00530 O 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 2 DAILY AV | 2 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 00530 P 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 5 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Solids, settleable | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | ***** | | | | |
| 00545 S 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 2 DAILY AV | ***** | mL/L | | Twice Per Year | CALCTD |

| | | | | | |
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| | | | | AREA Code | NUMBER |
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ATTN: GARY BYRNE, PROD SUPERVISOR

| | |
|---------------|------------------|
| IDG130030 | SUM-A |
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| MM/DD/YYYY | MM/DD/YYYY |
| 06/01/2011 | 06/30/2011 |

DMR Mailing ZIP CODE: 83707

MINOR

(SUBR 06)

FACILITY TOTAL

Sum

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|-----------------------|-------|--------------------------|---------------------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00665 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00665 2 0 Effluent Net | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | .1 MO AVG | .16 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00665 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Hardness, total [as CaCO3] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 00900 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | COMPOS |
| Copper, total recoverable | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 01119 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | COMPOS |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | ***** | 23.4 | | ***** | ***** | ***** | ***** | | Monthly | MEASRD |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | Req. Mon. DAILY MX | cfs | ***** | ***** | ***** | ***** | | Monthly | MEASRD |

| | | | | |
|--|---|--|--|------------|
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DMR Mailing ZIP CODE: 83707

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Sum

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|------------------------------------|--------------------|---------------------|-------|-------|--------------------------|---------------------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Temperature, water deg. centigrade | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 11 | 11 | | 31 | Monthly | METER |
| 00010 Q 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 19 DAILY AV | 22 INST MAX | deg C | | Monthly | METER |
| Temperature, water deg. centigrade | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00010 R 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 9 DAILY AV | 13 INST MAX | deg C | | Monthly | METER |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00530 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00530 O 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 2 DAILY AV | 2 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 00530 P 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 5 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Solids, settleable | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | ***** | | | | |
| 00545 S 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 2 DAILY AV | ***** | mL/L | | Twice Per Year | CALCTD |

| | | | | | |
|--|---|--|--|-----------|------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | TELEPHONE | | DATE | |
| | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | | |
| | | | | AREA Code | NUMBER |
| TYPED OR PRINTED | | | | | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SEE INSTRUCTION SHEET ACCOMPANYING DMR.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME/MAC
ADDRESS: 600 SOUTH WALNUT STREET, BOX 25
 BOISE, ID 83707

FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STA
LOCATION: 4848 NORTH 5600 WEST
 MACKAY, ID 83251

ATTN: GARY BYRNE, PROD SUPERVISOR

| | |
|---------------|------------------|
| IDG130030 | SUM-A |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 07/01/2011 | 07/31/2011 |

DMR Mailing ZIP CODE: 83707

MINOR

(SUBR 06)

FACILITY TOTAL

Sum

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|-----------------------|-------|--------------------------|---------------------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00665 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00665 2 0 Effluent Net | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | .1 MO AVG | .16 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00665 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Hardness, total [as CaCO3] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 00900 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | COMPOS |
| Copper, total recoverable | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 01119 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | COMPOS |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | ***** | 23.2 | | ***** | ***** | ***** | ***** | | Monthly | MEASRD |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | Req. Mon. DAILY MX | cfs | ***** | ***** | ***** | ***** | | Monthly | MEASRD |

| | | | | |
|--|---|--|--|------------|
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME/MAC
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 BOISE, ID 83707

FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STA
LOCATION: 4848 NORTH 5600 WEST
 MACKAY, ID 83251

ATTN: GARY BYRNE, PROD SUPERVISOR

| | |
|---------------|------------------|
| IDG130030 | SUM-A |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 08/01/2011 | 08/31/2011 |

DMR Mailing ZIP CODE: 83707

MINOR

(SUBR 06)

FACILITY TOTAL

Sum

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|------------------------------------|--------------------|---------------------|-------|-------|--------------------------|---------------------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Temperature, water deg. centigrade | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 11 | 11 | | | Monthly | METER |
| 00010 Q 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 19 DAILY AV | 22 INST MAX | deg C | | Monthly | METER |
| Temperature, water deg. centigrade | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00010 R 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 9 DAILY AV | 13 INST MAX | deg C | | Monthly | METER |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00530 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00530 O 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 2 DAILY AV | 2 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 00530 P 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 5 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Solids, settleable | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | ***** | | | | |
| 00545 S 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 2 DAILY AV | ***** | mL/L | | Twice Per Year | CALCTD |

| | | | | |
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| | | AREA Code | NUMBER | MM/DD/YYYY |

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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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ADDRESS: 600 SOUTH WALNUT STREET, BOX 25
 BOISE, ID 83707

FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STA
LOCATION: 4848 NORTH 5600 WEST
 MACKAY, ID 83251

ATTN: GARY BYRNE, PROD SUPERVISOR

| | |
|---------------|------------------|
| IDG130030 | SUM-A |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 08/01/2011 | 08/31/2011 |

DMR Mailing ZIP CODE: 83707

MINOR

(SUBR 06)

FACILITY TOTAL

Sum

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|-----------------------|-------|--------------------------|---------------------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00665 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00665 2 0 Effluent Net | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | .1 MO AVG | .16 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00665 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Hardness, total [as CaCO3] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 00900 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | COMPOS |
| Copper, total recoverable | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 01119 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | COMPOS |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | ***** | 22.2 | | ***** | ***** | ***** | ***** | | Monthly | MEASRD |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | Req. Mon. DAILY MX | cfs | ***** | ***** | ***** | ***** | | Monthly | MEASRD |

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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 BOISE, ID 83707

FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STA
LOCATION: 4848 NORTH 5600 WEST
 MACKAY, ID 83251

ATTN: GARY BYRNE, PROD SUPERVISOR

| | |
|-------------------|------------------|
| IDG130030 | SUM-A |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 09/01/2011 | 09/30/2011 |

DMR Mailing ZIP CODE: 83707

MINOR

(SUBR 06)

FACILITY TOTAL

Sum

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|------------------------------------|--------------------|---------------------|-------|-------|--------------------------|---------------------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Temperature, water deg. centigrade | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 11 | 11 | | | Monthly | METER |
| 00010 Q 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 19 DAILY AV | 22 INST MAX | deg C | | Monthly | METER |
| Temperature, water deg. centigrade | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00010 R 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 9 DAILY AV | 13 INST MAX | deg C | | Monthly | METER |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00530 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00530 O 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 2 DAILY AV | 2 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 00530 P 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 5 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Solids, settleable | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | ***** | | | | |
| 00545 S 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 2 DAILY AV | ***** | mL/L | | Twice Per Year | CALCTD |

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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ATTN: GARY BYRNE, PROD SUPERVISOR

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| IDG130030 | SUM-A |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
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| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 09/01/2011 | 09/30/2011 |

DMR Mailing ZIP CODE: 83707

MINOR

(SUBR 06)

FACILITY TOTAL

Sum

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|-----------------------|-------|--------------------------|---------------------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00665 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00665 2 0 Effluent Net | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | .1 MO AVG | .16 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00665 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Hardness, total [as CaCO3] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 00900 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | COMPOS |
| Copper, total recoverable | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 01119 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | COMPOS |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | ***** | 22.2 | | ***** | ***** | ***** | ***** | | Monthly | MEASRD |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | Req. Mon. DAILY MX | cfs | ***** | ***** | ***** | ***** | | Monthly | MEASRD |

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DMR Mailing ZIP CODE: 83707

MINOR

(SUBR 06)

FACILITY TOTAL

Sum

No Discharge ☐

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|------------------------------------|--------------------|---------------------|-------|-------|--------------------------|---------------------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Temperature, water deg. centigrade | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00010 Q 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 19 DAILY AV | 22 INST MAX | deg C | | Monthly | METER |
| Temperature, water deg. centigrade | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 11 | 11 | | 31 | Monthly | METER |
| 00010 R 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 9 DAILY AV | 13 INST MAX | deg C | | Monthly | METER |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | < 2 | < 2 | | | Twice Per Year | COMPOS |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | < 2 | < 2 | | | Twice Per Year | COMPOS |
| 00530 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | < 2 | < 2 | | | Twice Per Year | CALCTD |
| 00530 O 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 2 DAILY AV | 2 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | < 2 | | | Twice Per Year | CALCTD |
| 00530 P 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 5 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Solids, settleable | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | .1 | ***** | | | Twice Per Year | CALCTD |
| 00545 S 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 2 DAILY AV | ***** | mL/L | | Twice Per Year | CALCTD |

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| | | | | AREA Code | NUMBER |
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|-------------------|------------------|
| IDG130030 | SUM-A |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 10/01/2011 | 10/31/2011 |

DMR Mailing ZIP CODE: 83707

MINOR

(SUBR 06)

FACILITY TOTAL

Sum

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|-----------------------|-------|--------------------------|---------------------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | .015 | .015 | | | Twice Per Year | COMPOS |
| 00665 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | .004 | .004 | | | Twice Per Year | CALCTD |
| 00665 2 0 Effluent Net | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | .1 MO AVG | .16 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | .011 | .011 | | | Twice Per Year | COMPOS |
| 00665 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Hardness, total [as CaCO3] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 00900 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | COMPOS |
| Copper, total recoverable | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 01119 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | COMPOS |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | ***** | 21.6 | | ***** | ***** | ***** | ***** | | Monthly | MEASRD |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | Req. Mon. DAILY MX | cfs | ***** | ***** | ***** | ***** | | Monthly | MEASRD |

| | | | | |
|--|---|--|--|------------|
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| | | | | |
| TYPED OR PRINTED | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | AREA Code |
| | | | | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SEE INSTRUCTION SHEET ACCOMPANYING DMR.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME/MAC
ADDRESS: 600 SOUTH WALNUT STREET, BOX 25
 BOISE, ID 83707

FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STA
LOCATION: 4848 NORTH 5600 WEST
 MACKAY, ID 83251

ATTN: GARY BYRNE, PROD SUPERVISOR

| | |
|---------------|------------------|
| IDG130030 | SUM-A |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 11/01/2011 | 11/30/2011 |

DMR Mailing ZIP CODE: 83707

MINOR

(SUBR 06)

FACILITY TOTAL

Sum

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|------------------------------------|--------------------|---------------------|-------|-------|--------------------------|---------------------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Temperature, water deg. centigrade | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 11.1 | 11.1 | | | Monthly | METER |
| 00010 Q 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 19 DAILY AV | 22 INST MAX | deg C | | Monthly | METER |
| Temperature, water deg. centigrade | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | | NODI 9 | | | | |
| 00010 R 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 9 DAILY AV | 13 INST MAX | deg C | | Monthly | METER |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00530 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00530 O 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 2 DAILY AV | 2 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 00530 P 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 5 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Solids, settleable | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | ***** | | | | |
| 00545 S 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 2 DAILY AV | ***** | mL/L | | Twice Per Year | CALCTD |

| | | | | |
|--|---|--|--|------------|
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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME/MAC
ADDRESS: 600 SOUTH WALNUT STREET, BOX 25
 BOISE, ID 83707

FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STA
LOCATION: 4848 NORTH 5600 WEST
 MACKAY, ID 83251

ATTN: GARY BYRNE, PROD SUPERVISOR

| | |
|---------------|------------------|
| IDG130030 | SUM-A |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 11/01/2011 | 11/30/2011 |

DMR Mailing ZIP CODE: 83707

MINOR

(SUBR 06)

FACILITY TOTAL

Sum

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|-----------------------|-------|--------------------------|---------------------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00665 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00665 2 0 Effluent Net | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | .1 MO AVG | .16 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00665 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Hardness, total [as CaCO3] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 00900 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | COMPOS |
| Copper, total recoverable | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 01119 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | COMPOS |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | ***** | 21.2 | | ***** | ***** | ***** | ***** | | | |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | Req. Mon. DAILY MX | cfs | ***** | ***** | ***** | ***** | | Monthly | MEASRD |

| | | | | |
|--|---|--|--|------------|
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME/MAC
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 BOISE, ID 83707

FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STA
LOCATION: 4848 NORTH 5600 WEST
 MACKAY, ID 83251

ATTN: GARY BYRNE, PROD SUPERVISOR

| | |
|---------------|------------------|
| IDG130030 | SUM-A |
| PERMIT NUMBER | DISCHARGE NUMBER |

| MONITORING PERIOD | |
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DMR Mailing ZIP CODE: 83707

MINOR

(SUBR 06)

FACILITY TOTAL

Sum

No Discharge ☐

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|------------------------------------|--------------------|---------------------|-------|-------|--------------------------|---------------------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Temperature, water deg. centigrade | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 11.1 | 11.1 | | | Monthly | METER |
| 00010 Q 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 19 DAILY AV | 22 INST MAX | deg C | | Monthly | METER |
| Temperature, water deg. centigrade | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00010 R 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 9 DAILY AV | 13 INST MAX | deg C | | Monthly | METER |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00530 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00530 O 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 2 DAILY AV | 2 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 00530 P 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 5 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Solids, settleable | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | ***** | | | | |
| 00545 S 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 2 DAILY AV | ***** | mL/L | | Twice Per Year | CALCTD |

| | | | | |
|--|---|--|--------|------------|
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FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STA
LOCATION: 4848 NORTH 5600 WEST
 MACKAY, ID 83251

ATTN: GARY BYRNE, PROD SUPERVISOR

| | |
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| MONITORING PERIOD | |
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|--|--------------------|---------------------|-----------------------|-------|--------------------------|---------------------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00665 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00665 2 0 Effluent Net | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | .1 MO AVG | .16 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00665 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Hardness, total [as CaCO3] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 00900 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | COMPOS |
| Copper, total recoverable | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 01119 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | COMPOS |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | ***** | 20.1 | | ***** | ***** | ***** | ***** | | Monthly | MEASRD |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | Req. Mon. DAILY MX | cfs | ***** | ***** | ***** | ***** | | Monthly | MEASRD |

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| PERMIT NUMBER | DISCHARGE NUMBER |

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| 01/01/2012 | 01/31/2012 |

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|------------------------------------|---------------------------|---------------------|-------|-------|--------------------------|---------------------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Temperature, water deg. centigrade | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 11.1 | 11.1 | | | Monthly | METER |
| 00010 Q 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 19 DAILY AV | 22 INST MAX | deg C | | Monthly | METER |
| Temperature, water deg. centigrade | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00010 R 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 9 DAILY AV | 13 INST MAX | deg C | | Monthly | METER |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00530 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00530 O 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 2 DAILY AV | 2 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 00530 P 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 5 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Solids, settleable | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | ***** | | | | |
| 00545 S 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 2 DAILY AV | ***** | mL/L | | Twice Per Year | CALCTD |

| | | | | |
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DMR Mailing ZIP CODE: 83707

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Sum

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|-----------------------|-------|--------------------------|---------------------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00665 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00665 2 0 Effluent Net | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | .1 MO AVG | .16 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00665 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Hardness, total [as CaCO3] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 00900 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | COMPOS |
| Copper, total recoverable | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 01119 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | COMPOS |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | ***** | 19.8 | | ***** | ***** | ***** | ***** | | Monthly | MEASRD |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | Req. Mon. DAILY MX | cfs | ***** | ***** | ***** | ***** | | Monthly | MEASRD |

| | | | | |
|--|---|--|--|------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | TELEPHONE | | DATE |
| | | | | |
| TYPED OR PRINTED | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | AREA Code |
| | | | | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SEE INSTRUCTION SHEET ACCOMPANYING DMR.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME/MAC
ADDRESS: 600 SOUTH WALNUT STREET, BOX 25
 BOISE, ID 83707

FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STA
LOCATION: 4848 NORTH 5600 WEST
 MACKAY, ID 83251

ATTN: GARY BYRNE, PROD SUPERVISOR

| | |
|---------------|------------------|
| IDG130030 | SUM-A |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 02/01/2012 | 02/29/2012 |

DMR Mailing ZIP CODE: 83707

MINOR

(SUBR 06)

FACILITY TOTAL

Sum

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|------------------------------------|--------------------|---------------------|-------|-------|--------------------------|---------------------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Temperature, water deg. centigrade | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 11.1 | 11.1 | | 29 | Monthly | METER |
| 00010 Q 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 19 DAILY AV | 22 INST MAX | deg C | | Monthly | METER |
| Temperature, water deg. centigrade | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | | | | | |
| 00010 R 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 9 DAILY AV | 13 INST MAX | deg C | | Monthly | METER |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | | | | | |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | | | | | |
| 00530 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | | | | | |
| 00530 O 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 2 DAILY AV | 2 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 00530 P 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 5 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Solids, settleable | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | ***** | | | | |
| 00545 S 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 2 DAILY AV | ***** | mL/L | | Twice Per Year | CALCTD |

| | | | | |
|--|---|--|--------|------------|
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| | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | |
| | | AREA Code | NUMBER | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME/MAC
ADDRESS: 600 SOUTH WALNUT STREET, BOX 25
 BOISE, ID 83707

FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STA
LOCATION: 4848 NORTH 5600 WEST
 MACKAY, ID 83251

ATTN: GARY BYRNE, PROD SUPERVISOR

| | |
|---------------|------------------|
| IDG130030 | SUM-A |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 02/01/2012 | 02/29/2012 |

DMR Mailing ZIP CODE: 83707

MINOR

(SUBR 06)

FACILITY TOTAL

Sum

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|-----------------------|-------|--------------------------|---------------------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | | | | | |
| 00665 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | | | | | |
| 00665 2 0 Effluent Net | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | .1 MO AVG | .16 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | | | | | |
| 00665 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Hardness, total [as CaCO3] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 00900 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | COMPOS |
| Copper, total recoverable | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 01119 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | COMPOS |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | ***** | 17.3 | | ***** | ***** | ***** | ***** | | Monthly | MEASRD |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | Req. Mon. DAILY MX | cfs | ***** | ***** | ***** | ***** | | Monthly | MEASRD |

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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME/MAC
ADDRESS: 600 SOUTH WALNUT STREET, BOX 25
 BOISE, ID 83707

FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STA
LOCATION: 4848 NORTH 5600 WEST
 MACKAY, ID 83251

ATTN: GARY BYRNE, PROD SUPERVISOR

| | |
|---------------|------------------|
| IDG130030 | SUM-A |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 03/01/2012 | 03/31/2012 |

DMR Mailing ZIP CODE: 83707

MINOR

(SUBR 06)

FACILITY TOTAL

Sum

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|------------------------------------|--------------------|---------------------|-------|-------|--------------------------|---------------------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Temperature, water deg. centigrade | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00010 Q 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 19 DAILY AV | 22 INST MAX | deg C | | Monthly | METER |
| Temperature, water deg. centigrade | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 11.1 | 11.1 | | | Monthly | METER |
| 00010 R 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 9 DAILY AV | 13 INST MAX | deg C | | Monthly | METER |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00530 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00530 O 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 2 DAILY AV | 2 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 00530 P 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 5 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Solids, settleable | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | ***** | | | | |
| 00545 S 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 2 DAILY AV | ***** | mL/L | | Twice Per Year | CALCTD |

| | | | | | |
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| | | | | AREA Code | NUMBER |
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SEE INSTRUCTION SHEET ACCOMPANYING DMR.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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ADDRESS: 600 SOUTH WALNUT STREET, BOX 25
 BOISE, ID 83707

FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STA
LOCATION: 4848 NORTH 5600 WEST
 MACKAY, ID 83251

ATTN: GARY BYRNE, PROD SUPERVISOR

| | |
|---------------|------------------|
| IDG130030 | SUM-A |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 03/01/2012 | 03/31/2012 |

DMR Mailing ZIP CODE: 83707

MINOR

(SUBR 06)

FACILITY TOTAL

Sum

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|-----------------------|-------|--------------------------|---------------------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00665 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00665 2 0 Effluent Net | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | .1 MO AVG | .16 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00665 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Hardness, total [as CaCO3] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 00900 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | COMPOS |
| Copper, total recoverable | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 01119 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | COMPOS |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | ***** | 18.1 | | ***** | ***** | ***** | ***** | | Monthly | MEASRD |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | Req. Mon. DAILY MX | cfs | ***** | ***** | ***** | ***** | | Monthly | MEASRD |

| | | | | |
|--|---|--|--|------------|
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FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STA
LOCATION: 4848 NORTH 5600 WEST
 MACKAY, ID 83251

ATTN: GARY BYRNE, PROD SUPERVISOR

| | |
|---------------|------------------|
| IDG130030 | SUM-A |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 04/01/2012 | 04/30/2012 |

DMR Mailing ZIP CODE: 83707

MINOR

(SUBR 06)

FACILITY TOTAL

Sum

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|------------------------------------|--------------------|---------------------|-------|-------|--------------------------|---------------------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Temperature, water deg. centigrade | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00010 Q 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 19 DAILY AV | 22 INST MAX | deg C | | Monthly | METER |
| Temperature, water deg. centigrade | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 11.1 | 11.1 | | 30 | Monthly | METER |
| 00010 R 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 9 DAILY AV | 13 INST MAX | deg C | | Monthly | METER |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | < 2 | < 2 | | | Twice Per Year | COMPOS |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | < 2 | < 2 | | | Twice Per Year | COMPOS |
| 00530 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | < 2 | < 2 | | | Twice Per Year | CALCTD |
| 00530 O 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 2 DAILY AV | 2 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | < 2 | | | Twice Per Year | CALCTD |
| 00530 P 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 5 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Solids, settleable | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | .1 | ***** | | | Twice Per Year | CALCTD |
| 00545 S 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 2 DAILY AV | ***** | mL/L | | Twice Per Year | CALCTD |

| | | | | | |
|--|---|--|--------|------------|--|
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| | | AREA Code | NUMBER | MM/DD/YYYY | |
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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| IDG130030 | SUM-A |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 04/01/2012 | 04/30/2012 |

DMR Mailing ZIP CODE: 83707

MINOR

(SUBR 06)

FACILITY TOTAL

Sum

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|-----------------------|-------|--------------------------|---------------------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | .03 | .03 | | | Twice Per Year | COMPOS |
| 00665 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | .02 | .02 | | | Twice Per Year | CALCTD |
| 00665 2 0 Effluent Net | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | .1 MO AVG | .16 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | .01 | .01 | | | Twice Per Year | COMPOS |
| 00665 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Hardness, total [as CaCO3] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 00900 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | COMPOS |
| Copper, total recoverable | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 01119 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | COMPOS |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | ***** | 19 | | ***** | ***** | ***** | ***** | | Monthly | MEASRD |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | Req. Mon. DAILY MX | cfs | ***** | ***** | ***** | ***** | | Monthly | MEASRD |

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| | | | | |
| TYPED OR PRINTED | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | AREA Code |
| | | | | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SEE INSTRUCTION SHEET ACCOMPANYING DMR.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME/MAC
ADDRESS: 600 SOUTH WALNUT STREET, BOX 25
 BOISE, ID 83707

FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STA
LOCATION: 4848 NORTH 5600 WEST
 MACKAY, ID 83251

ATTN: GARY BYRNE, PROD SUPERVISOR

| | |
|---------------|------------------|
| IDG130030 | SUM-A |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 05/01/2012 | 05/31/2012 |

DMR Mailing ZIP CODE: 83707

MINOR

(SUBR 06)

FACILITY TOTAL

Sum

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|------------------------------------|--------------------|---------------------|-------|-------|--------------------------|---------------------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Temperature, water deg. centigrade | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00010 Q 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 19 DAILY AV | 22 INST MAX | deg C | | Monthly | METER |
| Temperature, water deg. centigrade | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 11.1 | 11.1 | | 31 | Monthly | METER |
| 00010 R 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 9 DAILY AV | 13 INST MAX | deg C | | Monthly | METER |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00530 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00530 O 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 2 DAILY AV | 2 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 00530 P 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 5 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Solids, settleable | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | ***** | | | | |
| 00545 S 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 2 DAILY AV | ***** | mL/L | | Twice Per Year | CALCTD |

| | | | | |
|--|---|--|--------|------------|
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| | | AREA Code | NUMBER | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME/MAC
ADDRESS: 600 SOUTH WALNUT STREET, BOX 25
 BOISE, ID 83707

FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STA
LOCATION: 4848 NORTH 5600 WEST
 MACKAY, ID 83251

ATTN: GARY BYRNE, PROD SUPERVISOR

| | |
|---------------|------------------|
| IDG130030 | SUM-A |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 05/01/2012 | 05/31/2012 |

DMR Mailing ZIP CODE: 83707

MINOR

(SUBR 06)

FACILITY TOTAL

Sum

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|-----------------------|-------|--------------------------|---------------------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00665 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00665 2 0 Effluent Net | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | .1 MO AVG | .16 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00665 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Hardness, total [as CaCO3] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 00900 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | COMPOS |
| Copper, total recoverable | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 01119 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | COMPOS |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | ***** | 18.3 | | ***** | ***** | ***** | ***** | | Monthly | MEASRD |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | Req. Mon. DAILY MX | cfs | ***** | ***** | ***** | ***** | | Monthly | MEASRD |

| | | | | |
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME/MAC
ADDRESS: 600 SOUTH WALNUT STREET, BOX 25
 BOISE, ID 83707

FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STA
LOCATION: 4848 NORTH 5600 WEST
 MACKAY, ID 83251

ATTN: GARY BYRNE, PROD SUPERVISOR

| | |
|---------------|------------------|
| IDG130030 | SUM-A |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 06/01/2012 | 06/30/2012 |

DMR Mailing ZIP CODE: 83707

MINOR

(SUBR 06)

FACILITY TOTAL

Sum

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|------------------------------------|--------------------|---------------------|-------|-------|--------------------------|---------------------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Temperature, water deg. centigrade | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00010 Q 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 19 DAILY AV | 22 INST MAX | deg C | | Monthly | METER |
| Temperature, water deg. centigrade | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 11.1 | 11.1 | | 30 | Monthly | METER |
| 00010 R 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 9 DAILY AV | 13 INST MAX | deg C | | Monthly | METER |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00530 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00530 O 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 2 DAILY AV | 2 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 00530 P 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 5 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Solids, settleable | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | ***** | | | | |
| 00545 S 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 2 DAILY AV | ***** | mL/L | | Twice Per Year | CALCTD |

| | | | | |
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| | | AREA Code | NUMBER | MM/DD/YYYY |

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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME/MAC
ADDRESS: 600 SOUTH WALNUT STREET, BOX 25
 BOISE, ID 83707

FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STA
LOCATION: 4848 NORTH 5600 WEST
 MACKAY, ID 83251

ATTN: GARY BYRNE, PROD SUPERVISOR

| | |
|-------------------|------------------|
| IDG130030 | SUM-A |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 06/01/2012 | 06/30/2012 |

DMR Mailing ZIP CODE: 83707

MINOR

(SUBR 06)

FACILITY TOTAL

Sum

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|-----------------------|-------|--------------------------|---------------------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00665 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00665 2 0 Effluent Net | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | .1 MO AVG | .16 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00665 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Hardness, total [as CaCO3] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 00900 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | COMPOS |
| Copper, total recoverable | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 01119 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | COMPOS |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | ***** | 19.3 | | ***** | ***** | ***** | ***** | | Monthly | MEASRD |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | Req. Mon. DAILY MX | cfs | ***** | ***** | ***** | ***** | | Monthly | MEASRD |

| | | | | |
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 MACKAY, ID 83251

ATTN: GARY BYRNE, PROD SUPERVISOR

| | |
|---------------|------------------|
| IDG130030 | SUM-A |
| PERMIT NUMBER | DISCHARGE NUMBER |

| MONITORING PERIOD | |
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| MM/DD/YYYY | MM/DD/YYYY |
| 07/01/2012 | 07/31/2012 |

DMR Mailing ZIP CODE: 83707

MINOR

(SUBR 06)

FACILITY TOTAL

Sum

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|------------------------------------|--------------------|---------------------|-------|-------|--------------------------|---------------------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Temperature, water deg. centigrade | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 11.1 | 11.1 | | | Monthly | METER |
| 00010 Q 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 19 DAILY AV | 22 INST MAX | deg C | | Monthly | METER |
| Temperature, water deg. centigrade | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00010 R 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 9 DAILY AV | 13 INST MAX | deg C | | Monthly | METER |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00530 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00530 O 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 2 DAILY AV | 2 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 00530 P 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 5 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Solids, settleable | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | ***** | | | | |
| 00545 S 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 2 DAILY AV | ***** | mL/L | | Twice Per Year | CALCTD |

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| 07/01/2012 | 07/31/2012 |

DMR Mailing ZIP CODE: 83707

MINOR

(SUBR 06)

FACILITY TOTAL

Sum

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|-----------------------|-------|--------------------------|---------------------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00665 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00665 2 0 Effluent Net | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | .1 MO AVG | .16 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00665 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Hardness, total [as CaCO3] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 00900 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | COMPOS |
| Copper, total recoverable | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 01119 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | COMPOS |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | ***** | 18.3 | | ***** | ***** | ***** | ***** | | Monthly | MEASRD |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | Req. Mon. DAILY MX | cfs | ***** | ***** | ***** | ***** | | Monthly | MEASRD |

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| IDG130030 | SUM-A |
| PERMIT NUMBER | DISCHARGE NUMBER |

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| 08/01/2012 | 08/31/2012 |

DMR Mailing ZIP CODE: 83707

MINOR

(SUBR 06)

FACILITY TOTAL

Sum

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| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|------------------------------------|--------------------|---------------------|-------|-------|--------------------------|---------------------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Temperature, water deg. centigrade | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 11.1 | 11.1 | | | Monthly | METER |
| 00010 Q 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 19 DAILY AV | 22 INST MAX | deg C | | Monthly | METER |
| Temperature, water deg. centigrade | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00010 R 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 9 DAILY AV | 13 INST MAX | deg C | | Monthly | METER |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00530 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00530 O 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 2 DAILY AV | 2 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 00530 P 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 5 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Solids, settleable | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | ***** | | | | |
| 00545 S 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 2 DAILY AV | ***** | mL/L | | Twice Per Year | CALCTD |

| | | | | |
|--|---|--|--------|------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER TYPED OR PRINTED | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | TELEPHONE | | DATE |
| | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | |
| | | AREA Code | NUMBER | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SEE INSTRUCTION SHEET ACCOMPANYING DMR.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME/MAC
ADDRESS: 600 SOUTH WALNUT STREET, BOX 25
 BOISE, ID 83707

FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STA
LOCATION: 4848 NORTH 5600 WEST
 MACKAY, ID 83251

ATTN: GARY BYRNE, PROD SUPERVISOR

| | |
|-------------------|------------------|
| IDG130030 | SUM-A |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 08/01/2012 | 08/31/2012 |

DMR Mailing ZIP CODE: 83707

MINOR

(SUBR 06)

FACILITY TOTAL

Sum

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|-----------------------|-------|--------------------------|---------------------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00665 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00665 2 0 Effluent Net | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | .1 MO AVG | .16 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00665 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Hardness, total [as CaCO3] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 00900 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | COMPOS |
| Copper, total recoverable | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 01119 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | COMPOS |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | ***** | 21.3 | | ***** | ***** | ***** | ***** | | Monthly | MEASRD |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | Req. Mon. DAILY MX | cfs | ***** | ***** | ***** | ***** | | Monthly | MEASRD |

| | | | | |
|--|---|--|--|------------|
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| | | | | |
| TYPED OR PRINTED | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | AREA Code |
| | | | | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME/MAC
ADDRESS: 600 SOUTH WALNUT STREET, BOX 25
 BOISE, ID 83707

FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STA
LOCATION: 4848 NORTH 5600 WEST
 MACKAY, ID 83251

ATTN: GARY BYRNE, PROD SUPERVISOR

| | |
|---------------|------------------|
| IDG130030 | SUM-A |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 09/01/2012 | 09/30/2012 |

DMR Mailing ZIP CODE: 83707

MINOR

(SUBR 06)

FACILITY TOTAL

Sum

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|------------------------------------|--------------------|---------------------|-------|-------|--------------------------|---------------------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Temperature, water deg. centigrade | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 11.1 | 11.1 | | | Monthly | METER |
| 00010 Q 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 19 DAILY AV | 22 INST MAX | deg C | | Monthly | METER |
| Temperature, water deg. centigrade | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00010 R 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 9 DAILY AV | 13 INST MAX | deg C | | Monthly | METER |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00530 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00530 O 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 2 DAILY AV | 2 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 00530 P 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 5 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Solids, settleable | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | ***** | | | | |
| 00545 S 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 2 DAILY AV | ***** | mL/L | | Twice Per Year | CALCTD |

| | | | | | |
|--|---|--|--|-----------|------------|
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| | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | | |
| | | | | AREA Code | NUMBER |
| TYPED OR PRINTED | | | | | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SEE INSTRUCTION SHEET ACCOMPANYING DMR.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME/MAC
ADDRESS: 600 SOUTH WALNUT STREET, BOX 25
 BOISE, ID 83707

FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STA
LOCATION: 4848 NORTH 5600 WEST
 MACKAY, ID 83251

ATTN: GARY BYRNE, PROD SUPERVISOR

| | |
|-------------------|------------------|
| IDG130030 | SUM-A |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 09/01/2012 | 09/30/2012 |

DMR Mailing ZIP CODE: 83707

MINOR

(SUBR 06)

FACILITY TOTAL

Sum

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|-----------------------|-------|--------------------------|---------------------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00665 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00665 2 0 Effluent Net | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | .1 MO AVG | .16 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00665 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Hardness, total [as CaCO3] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 00900 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | COMPOS |
| Copper, total recoverable | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 01119 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | COMPOS |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | ***** | 19.5 | | ***** | ***** | ***** | ***** | | Monthly | MEASRD |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | Req. Mon. DAILY MX | cfs | ***** | ***** | ***** | ***** | | Monthly | MEASRD |

| | | | | |
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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 BOISE, ID 83707

FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STA
LOCATION: 4848 NORTH 5600 WEST
 MACKAY, ID 83251

ATTN: GARY BYRNE, PROD SUPERVISOR

| | |
|----------------------|-------------------------|
| IDG130030 | SUM-A |
| PERMIT NUMBER | DISCHARGE NUMBER |

| MONITORING PERIOD | |
|-------------------|------------|
| MM/DD/YYYY | MM/DD/YYYY |
| 10/01/2012 | 10/31/2012 |

DMR Mailing ZIP CODE: 83707

MINOR

(SUBR 06)

FACILITY TOTAL

Sum

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|------------------------------------|---------------------------|---------------------|-------|-------|--------------------------|---------------------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Temperature, water deg. centigrade | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00010 Q 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 19 DAILY AV | 22 INST MAX | deg C | | Monthly | METER |
| Temperature, water deg. centigrade | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 11.1 | 11.1 | | 31 | Monthly | METER |
| 00010 R 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 9 DAILY AV | 13 INST MAX | deg C | | Monthly | METER |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | < 2 | < 2 | | | Twice Per Year | COMPOS |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | < 2 | < 2 | | | Twice Per Year | COMPOS |
| 00530 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | < 2 | < 2 | | | Twice Per Year | CALCTD |
| 00530 O 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 2 DAILY AV | 2 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | < 2 | | | Twice Per Year | CALCTD |
| 00530 P 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 5 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Solids, settleable | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | .1 | ***** | | | Twice Per Year | CALCTD |
| 00545 S 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 2 DAILY AV | ***** | mL/L | | Twice Per Year | CALCTD |

| | | | | |
|---|---|---|--|-------------------|
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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LOCATION: 4848 NORTH 5600 WEST
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ATTN: GARY BYRNE, PROD SUPERVISOR

| | |
|-------------------|------------------|
| IDG130030 | SUM-A |
| PERMIT NUMBER | DISCHARGE NUMBER |
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| MM/DD/YYYY | MM/DD/YYYY |
| 10/01/2012 | 10/31/2012 |

DMR Mailing ZIP CODE: 83707

MINOR

(SUBR 06)

FACILITY TOTAL

Sum

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|-----------------------|-------|--------------------------|---------------------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | .021 | .021 | | | Twice Per Year | COMPOS |
| 00665 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | .011 | .011 | | | Twice Per Year | CALCTD |
| 00665 2 0 Effluent Net | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | .1 MO AVG | .16 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | .01 | .01 | | | Twice Per Year | COMPOS |
| 00665 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Hardness, total [as CaCO3] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 00900 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | COMPOS |
| Copper, total recoverable | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 01119 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | COMPOS |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | ***** | 19.1 | | ***** | ***** | ***** | ***** | | Monthly | MEASRD |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | Req. Mon. DAILY MX | cfs | ***** | ***** | ***** | ***** | | Monthly | MEASRD |

| | | | | |
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| IDG130030 | SUM-A |
| PERMIT NUMBER | DISCHARGE NUMBER |

| MONITORING PERIOD | |
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DMR Mailing ZIP CODE: 83707

MINOR

(SUBR 06)

FACILITY TOTAL

Sum

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|------------------------------------|--------------------|---------------------|-------|-------|--------------------------|---------------------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Temperature, water deg. centigrade | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 11.1 | 11.1 | | | Monthly | METER |
| 00010 Q 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 19 DAILY AV | 22 INST MAX | deg C | | Monthly | METER |
| Temperature, water deg. centigrade | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00010 R 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 9 DAILY AV | 13 INST MAX | deg C | | Monthly | METER |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00530 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00530 O 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 2 DAILY AV | 2 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 00530 P 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 5 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Solids, settleable | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | ***** | | | | |
| 00545 S 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 2 DAILY AV | ***** | mL/L | | Twice Per Year | CALCTD |

| | | | | |
|--|---|--|--------|------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER TYPED OR PRINTED | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | TELEPHONE | | DATE |
| | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | |
| | | AREA Code | NUMBER | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SEE INSTRUCTION SHEET ACCOMPANYING DMR.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME/MAC
ADDRESS: 600 SOUTH WALNUT STREET, BOX 25
 BOISE, ID 83707

FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STA
LOCATION: 4848 NORTH 5600 WEST
 MACKAY, ID 83251

ATTN: GARY BYRNE, PROD SUPERVISOR

| | |
|---------------|------------------|
| IDG130030 | SUM-A |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 11/01/2012 | 11/30/2012 |

DMR Mailing ZIP CODE: 83707

MINOR

(SUBR 06)

FACILITY TOTAL

Sum

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|-----------------------|-------|--------------------------|---------------------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00665 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00665 2 0 Effluent Net | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | .1 MO AVG | .16 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00665 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Hardness, total [as CaCO3] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 00900 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | COMPOS |
| Copper, total recoverable | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 01119 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | COMPOS |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | ***** | 20.6 | | ***** | ***** | ***** | ***** | | Monthly | MEASRD |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | Req. Mon. DAILY MX | cfs | ***** | ***** | ***** | ***** | | Monthly | MEASRD |

| | | | | |
|--|---|--|--|-----------------------------|
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| | | | | |
| TYPED OR PRINTED | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | AREA Code NUMBER MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SEE INSTRUCTION SHEET ACCOMPANYING DMR.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME/MAC
ADDRESS: 600 SOUTH WALNUT STREET, BOX 25
 BOISE, ID 83707

FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STA
LOCATION: 4848 NORTH 5600 WEST
 MACKAY, ID 83251

ATTN: GARY BYRNE, PROD SUPERVISOR

| | |
|----------------------|-------------------------|
| IDG130030 | SUM-A |
| PERMIT NUMBER | DISCHARGE NUMBER |

| MONITORING PERIOD | |
|-------------------|-------------------|
| MM/DD/YYYY | MM/DD/YYYY |
| 12/01/2012 | 12/31/2012 |

DMR Mailing ZIP CODE: 83707

MINOR

(SUBR 06)

FACILITY TOTAL

Sum

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|------------------------------------|---------------------------|---------------------|-------|-------|--------------------------|---------------------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Temperature, water deg. centigrade | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 11.1 | 11.1 | | | Monthly | METER |
| 00010 Q 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 19 DAILY AV | 22 INST MAX | deg C | | Monthly | METER |
| Temperature, water deg. centigrade | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00010 R 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 9 DAILY AV | 13 INST MAX | deg C | | Monthly | METER |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00530 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00530 O 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 2 DAILY AV | 2 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 00530 P 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 5 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Solids, settleable | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | ***** | | | | |
| 00545 S 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 2 DAILY AV | ***** | mL/L | | Twice Per Year | CALCTD |

| | | | | |
|---|---|---|--|-------------------|
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| | | | | |
| TYPED OR PRINTED | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | AREA Code |
| | | | | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SEE INSTRUCTION SHEET ACCOMPANYING DMR.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME/MAC
ADDRESS: 600 SOUTH WALNUT STREET, BOX 25
 BOISE, ID 83707

FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STA
LOCATION: 4848 NORTH 5600 WEST
 MACKAY, ID 83251

ATTN: GARY BYRNE, PROD SUPERVISOR

| | |
|-------------------|------------------|
| IDG130030 | SUM-A |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 12/01/2012 | 12/31/2012 |

DMR Mailing ZIP CODE: 83707

MINOR

(SUBR 06)

FACILITY TOTAL

Sum

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|-----------------------|-------|--------------------------|---------------------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00665 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00665 2 0 Effluent Net | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | .1 MO AVG | .16 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00665 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Hardness, total [as CaCO3] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 00900 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | COMPOS |
| Copper, total recoverable | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 01119 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | COMPOS |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | ***** | 20.1 | | ***** | ***** | ***** | ***** | | Monthly | MEASRD |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | Req. Mon. DAILY MX | cfs | ***** | ***** | ***** | ***** | | Monthly | MEASRD |

| | | | | |
|--|---|--|--|------------|
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| | | | | |
| TYPED OR PRINTED | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | AREA Code |
| | | | | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME/MAC
ADDRESS: 600 SOUTH WALNUT STREET, BOX 25
 BOISE, ID 83707

FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STA
LOCATION: 4848 NORTH 5600 WEST
 MACKAY, ID 83251

ATTN: GARY BYRNE, PROD SUPERVISOR

| | |
|---------------|------------------|
| IDG130030 | SUM-A |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 01/01/2013 | 01/31/2013 |

DMR Mailing ZIP CODE: 83707

MINOR

(SUBR 06)

FACILITY TOTAL

Sum

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|------------------------------------|--------------------|---------------------|-------|-------|--------------------------|---------------------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Temperature, water deg. centigrade | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 11.1 | 11.1 | | 31 | Monthly | METER |
| 00010 Q 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 19 DAILY AV | 22 INST MAX | deg C | | Monthly | METER |
| Temperature, water deg. centigrade | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00010 R 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 9 DAILY AV | 13 INST MAX | deg C | | Monthly | METER |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00530 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00530 O 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 2 DAILY AV | 2 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 00530 P 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 5 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Solids, settleable | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | ***** | | | | |
| 00545 S 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 2 DAILY AV | ***** | mL/L | | Twice Per Year | CALCTD |

| | | | | | |
|--|---|--|--|-----------|------------|
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| | | | | AREA Code | NUMBER |
| TYPED OR PRINTED | | | | | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SEE INSTRUCTION SHEET ACCOMPANYING DMR.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME/MAC
ADDRESS: 600 SOUTH WALNUT STREET, BOX 25
 BOISE, ID 83707

FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STA
LOCATION: 4848 NORTH 5600 WEST
 MACKAY, ID 83251

ATTN: GARY BYRNE, PROD SUPERVISOR

| | |
|-------------------|------------------|
| IDG130030 | SUM-A |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 01/01/2013 | 01/31/2013 |

DMR Mailing ZIP CODE: 83707

MINOR

(SUBR 06)

FACILITY TOTAL

Sum

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|-----------------------|-------|--------------------------|---------------------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00665 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00665 2 0 Effluent Net | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | .1 MO AVG | .16 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00665 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Hardness, total [as CaCO3] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 00900 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | COMPOS |
| Copper, total recoverable | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 01119 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | COMPOS |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | ***** | 18.2 | | ***** | ***** | ***** | ***** | | Four Per Year | MEASRD |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | Req. Mon. DAILY MX | cfs | ***** | ***** | ***** | ***** | | Monthly | MEASRD |

| | | | | |
|--|---|--|--|------------|
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| TYPED OR PRINTED | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | AREA Code |
| | | | | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME/MAC
ADDRESS: 600 SOUTH WALNUT STREET, BOX 25
 BOISE, ID 83707

FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STA
LOCATION: 4848 NORTH 5600 WEST
 MACKAY, ID 83251

ATTN: GARY BYRNE, PROD SUPERVISOR

| | |
|----------------------|-------------------------|
| IDG130030 | SUM-A |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|--------------------------|-------------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 02/01/2013 | 02/28/2013 |

DMR Mailing ZIP CODE: 83707

MINOR

(SUBR 06)

FACILITY TOTAL

Sum

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|------------------------------------|---------------------------|---------------------|-------|-------|--------------------------|---------------------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Temperature, water deg. centigrade | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 11.1 | 11.1 | | 28 | Monthly | METER |
| 00010 Q 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 19 DAILY AV | 22 INST MAX | deg C | | Monthly | METER |
| Temperature, water deg. centigrade | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00010 R 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 9 DAILY AV | 13 INST MAX | deg C | | Monthly | METER |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00530 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00530 O 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 2 DAILY AV | 2 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 00530 P 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 5 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Solids, settleable | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | ***** | | | | |
| 00545 S 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 2 DAILY AV | ***** | mL/L | | Twice Per Year | CALCTD |

| | | | | |
|---|---|---|--|-------------------|
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| TYPED OR PRINTED | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | AREA Code |
| | | | | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SEE INSTRUCTION SHEET ACCOMPANYING DMR.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME/MAC
ADDRESS: 600 SOUTH WALNUT STREET, BOX 25
 BOISE, ID 83707

FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STA
LOCATION: 4848 NORTH 5600 WEST
 MACKAY, ID 83251

ATTN: GARY BYRNE, PROD SUPERVISOR

| | |
|-------------------|------------------|
| IDG130030 | SUM-A |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 02/01/2013 | 02/28/2013 |

DMR Mailing ZIP CODE: 83707

MINOR

(SUBR 06)

FACILITY TOTAL

Sum

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|-----------------------|-------|--------------------------|---------------------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00665 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00665 2 0 Effluent Net | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | .1 MO AVG | .16 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00665 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Hardness, total [as CaCO3] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 00900 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | COMPOS |
| Copper, total recoverable | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 01119 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | COMPOS |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | ***** | 16.2 | | ***** | ***** | ***** | ***** | | Monthly | MEASRD |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | Req. Mon. DAILY MX | cfs | ***** | ***** | ***** | ***** | | Monthly | MEASRD |

| | | | | |
|--|---|--|--|------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | TELEPHONE | | DATE |
| | | | | |
| TYPED OR PRINTED | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | AREA Code |
| | | | | MM/DD/YYYY |

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DISCHARGE MONITORING REPORT (DMR)

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FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STA
LOCATION: 4848 NORTH 5600 WEST
 MACKAY, ID 83251

ATTN: GARY BYRNE, PROD SUPERVISOR

| | |
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| IDG130030 | SUM-A |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
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| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 03/01/2013 | 03/31/2013 |

DMR Mailing ZIP CODE: 83707

MINOR

(SUBR 06)

FACILITY TOTAL

Sum

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|------------------------------------|--------------------|---------------------|-------|-------|--------------------------|---------------------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Temperature, water deg. centigrade | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00010 Q 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 19 DAILY AV | 22 INST MAX | deg C | | Monthly | METER |
| Temperature, water deg. centigrade | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 11.1 | 11.1 | | 31 | Monthly | METER |
| 00010 R 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 9 DAILY AV | 13 INST MAX | deg C | | Monthly | METER |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00530 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00530 O 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 2 DAILY AV | 2 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 00530 P 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 5 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Solids, settleable | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | ***** | | | | |
| 00545 S 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 2 DAILY AV | ***** | mL/L | | Twice Per Year | CALCTD |

| | | | | | |
|--|---|--|--|-----------|------------|
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| | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | | |
| | | | | AREA Code | NUMBER |
| TYPED OR PRINTED | | | | | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME/MAC
ADDRESS: 600 SOUTH WALNUT STREET, BOX 25
 BOISE, ID 83707

FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STA
LOCATION: 4848 NORTH 5600 WEST
 MACKAY, ID 83251

ATTN: GARY BYRNE, PROD SUPERVISOR

| | |
|---------------|------------------|
| IDG130030 | SUM-A |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 03/01/2013 | 03/31/2013 |

DMR Mailing ZIP CODE: 83707

MINOR

(SUBR 06)

FACILITY TOTAL

Sum

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|-----------------------|-------|--------------------------|---------------------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00665 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00665 2 0 Effluent Net | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | .1 MO AVG | .16 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00665 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Hardness, total [as CaCO3] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 00900 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | COMPOS |
| Copper, total recoverable | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 01119 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | COMPOS |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | ***** | 16.5 | | ***** | ***** | ***** | ***** | | Monthly | MEASRD |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | Req. Mon. DAILY MX | cfs | ***** | ***** | ***** | ***** | | Monthly | MEASRD |

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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME/MAC
ADDRESS: 600 SOUTH WALNUT STREET, BOX 25
 BOISE, ID 83707

FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STA
LOCATION: 4848 NORTH 5600 WEST
 MACKAY, ID 83251

ATTN: GARY BYRNE, PROD SUPERVISOR

| | |
|---------------|------------------|
| IDG130030 | SUM-A |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 04/01/2013 | 04/30/2013 |

DMR Mailing ZIP CODE: 83707

MINOR

(SUBR 06)

FACILITY TOTAL

Sum

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|------------------------------------|--------------------|---------------------|-------|-------|--------------------------|---------------------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Temperature, water deg. centigrade | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00010 Q 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 19 DAILY AV | 22 INST MAX | deg C | | Monthly | METER |
| Temperature, water deg. centigrade | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 11.1 | 11.1 | | | Monthly | METER |
| 00010 R 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 9 DAILY AV | 13 INST MAX | deg C | | Monthly | METER |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | < 2 | < 2 | | | Twice Per Year | COMPOS |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | < 2 | < 2 | | | Twice Per Year | COMPOS |
| 00530 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | < 2 | < 2 | | | Twice Per Year | CALCTD |
| 00530 O 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 2 DAILY AV | 2 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | < 2 | | | Twice Per Year | CALCTD |
| 00530 P 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 5 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Solids, settleable | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | .1 | ***** | | | Twice Per Year | CALCTD |
| 00545 S 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 2 DAILY AV | ***** | mL/L | | Twice Per Year | CALCTD |

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LOCATION: 4848 NORTH 5600 WEST
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ATTN: GARY BYRNE, PROD SUPERVISOR

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| IDG130030 | SUM-A |
| PERMIT NUMBER | DISCHARGE NUMBER |
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| MM/DD/YYYY | MM/DD/YYYY |
| 04/01/2013 | 04/30/2013 |

DMR Mailing ZIP CODE: 83707

MINOR

(SUBR 06)

FACILITY TOTAL

Sum

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|-----------------------|-------|--------------------------|---------------------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | .034 | .034 | | | Twice Per Year | COMPOS |
| 00665 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | .022 | .022 | | | Twice Per Year | CALCTD |
| 00665 2 0 Effluent Net | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | .1 MO AVG | .16 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | .012 | .012 | | | Twice Per Year | COMPOS |
| 00665 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Hardness, total [as CaCO3] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 00900 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | COMPOS |
| Copper, total recoverable | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 01119 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | COMPOS |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | ***** | 16.9 | | ***** | ***** | ***** | ***** | | Monthly | MEASRD |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | Req. Mon. DAILY MX | cfs | ***** | ***** | ***** | ***** | | Monthly | MEASRD |

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DMR Mailing ZIP CODE: 83707

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|------------------------------------|--------------------|---------------------|-------|-------|--------------------------|---------------------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Temperature, water deg. centigrade | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00010 Q 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 19 DAILY AV | 22 INST MAX | deg C | | Monthly | METER |
| Temperature, water deg. centigrade | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 11.1 | 11.1 | | | Monthly | METER |
| 00010 R 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 9 DAILY AV | 13 INST MAX | deg C | | Monthly | METER |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00530 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00530 O 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 2 DAILY AV | 2 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 00530 P 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 5 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Solids, settleable | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | ***** | | | | |
| 00545 S 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 2 DAILY AV | ***** | mL/L | | Twice Per Year | CALCTD |

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FACILITY TOTAL

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No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|-----------------------|-------|--------------------------|---------------------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00665 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00665 2 0 Effluent Net | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | .1 MO AVG | .16 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00665 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Hardness, total [as CaCO3] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 00900 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | COMPOS |
| Copper, total recoverable | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 01119 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | COMPOS |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | ***** | 17.7 | | ***** | ***** | ***** | ***** | | Four Per Year | MEASRD |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | Req. Mon. DAILY MX | cfs | ***** | ***** | ***** | ***** | | Monthly | MEASRD |

| | | | | |
|--|---|--|--|------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | TELEPHONE | | DATE |
| | | | | |
| TYPED OR PRINTED | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | AREA Code |
| | | | | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SEE INSTRUCTION SHEET ACCOMPANYING DMR.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME/MAC
ADDRESS: 600 SOUTH WALNUT STREET, BOX 25
 BOISE, ID 83707

FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STA
LOCATION: 4848 NORTH 5600 WEST
 MACKAY, ID 83251

ATTN: GARY BYRNE, PROD SUPERVISOR

| | |
|---------------|------------------|
| IDG130030 | SUM-A |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 06/01/2013 | 06/30/2013 |

DMR Mailing ZIP CODE: 83707

MINOR

(SUBR 06)

FACILITY TOTAL

Sum

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|------------------------------------|--------------------|---------------------|-------|-------|--------------------------|---------------------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Temperature, water deg. centigrade | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00010 Q 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 19 DAILY AV | 22 INST MAX | deg C | | Monthly | METER |
| Temperature, water deg. centigrade | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 11.1 | 11.1 | | | Monthly | METER |
| 00010 R 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 9 DAILY AV | 13 INST MAX | deg C | | Monthly | METER |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00530 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00530 O 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 2 DAILY AV | 2 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 00530 P 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 5 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Solids, settleable | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | ***** | | | | |
| 00545 S 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 2 DAILY AV | ***** | mL/L | | Twice Per Year | CALCTD |

| | | | | | |
|--|---|--|--|-----------|------------|
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| | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | | |
| | | | | AREA Code | NUMBER |
| TYPED OR PRINTED | | | | | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME/MAC
ADDRESS: 600 SOUTH WALNUT STREET, BOX 25
 BOISE, ID 83707

FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STA
LOCATION: 4848 NORTH 5600 WEST
 MACKAY, ID 83251

ATTN: GARY BYRNE, PROD SUPERVISOR

| | |
|---------------|------------------|
| IDG130030 | SUM-A |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 06/01/2013 | 06/30/2013 |

DMR Mailing ZIP CODE: 83707

MINOR

(SUBR 06)

FACILITY TOTAL

Sum

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|-----------------------|-------|--------------------------|---------------------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00665 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00665 2 0 Effluent Net | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | .1 MO AVG | .16 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00665 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Hardness, total [as CaCO3] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 00900 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | COMPOS |
| Copper, total recoverable | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 01119 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | COMPOS |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | ***** | 19.5 | | ***** | ***** | ***** | ***** | | Monthly | MEASRD |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | Req. Mon. DAILY MX | cfs | ***** | ***** | ***** | ***** | | Monthly | MEASRD |

| | | | | |
|--|---|--|--|------------|
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| | | | | |
| TYPED OR PRINTED | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | AREA Code |
| | | | | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME/MAC
ADDRESS: 600 SOUTH WALNUT STREET, BOX 25
 BOISE, ID 83707

FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STA
LOCATION: 4848 NORTH 5600 WEST
 MACKAY, ID 83251

ATTN: GARY BYRNE, PROD SUPERVISOR

| | |
|---------------|------------------|
| IDG130030 | SUM-A |
| PERMIT NUMBER | DISCHARGE NUMBER |

| MONITORING PERIOD | |
|-------------------|------------|
| MM/DD/YYYY | MM/DD/YYYY |
| 07/01/2013 | 07/31/2013 |

DMR Mailing ZIP CODE: 83707

MINOR

(SUBR 06)

FACILITY TOTAL

Sum

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|------------------------------------|--------------------|---------------------|-------|-------|--------------------------|---------------------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Temperature, water deg. centigrade | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 11.1 | 11.1 | | | Monthly | METER |
| 00010 Q 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 19 DAILY AV | 22 INST MAX | deg C | | Monthly | METER |
| Temperature, water deg. centigrade | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00010 R 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 9 DAILY AV | 13 INST MAX | deg C | | Monthly | METER |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00530 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00530 O 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 2 DAILY AV | 2 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 00530 P 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 5 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Solids, settleable | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | ***** | | | | |
| 00545 S 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 2 DAILY AV | ***** | mL/L | | Twice Per Year | CALCTD |

| | | | | | |
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| | | | | AREA Code | NUMBER |
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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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ADDRESS: 600 SOUTH WALNUT STREET, BOX 25
 BOISE, ID 83707

FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STA
LOCATION: 4848 NORTH 5600 WEST
 MACKAY, ID 83251

ATTN: GARY BYRNE, PROD SUPERVISOR

| | |
|---------------|------------------|
| IDG130030 | SUM-A |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 07/01/2013 | 07/31/2013 |

DMR Mailing ZIP CODE: 83707

MINOR

(SUBR 06)

FACILITY TOTAL

Sum

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|-----------------------|-------|--------------------------|---------------------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00665 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00665 2 0 Effluent Net | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | .1 MO AVG | .16 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00665 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Hardness, total [as CaCO3] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 00900 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | COMPOS |
| Copper, total recoverable | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 01119 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | COMPOS |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | ***** | 19.8 | | ***** | ***** | ***** | ***** | | Monthly | MEASRD |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | Req. Mon. DAILY MX | cfs | ***** | ***** | ***** | ***** | | Monthly | MEASRD |

| | | | | |
|--|---|--|--|-----------------------------|
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ATTN: GARY BYRNE, PROD SUPERVISOR

| | |
|---------------|------------------|
| IDG130030 | SUM-A |
| PERMIT NUMBER | DISCHARGE NUMBER |

| MONITORING PERIOD | |
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| MM/DD/YYYY | MM/DD/YYYY |
| 08/01/2013 | 08/31/2013 |

DMR Mailing ZIP CODE: 83707

MINOR

(SUBR 06)

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Sum

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|------------------------------------|--------------------|---------------------|-------|-------|--------------------------|---------------------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Temperature, water deg. centigrade | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 11.1 | 11.1 | | | Monthly | METER |
| 00010 Q 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 19 DAILY AV | 22 INST MAX | deg C | | Monthly | METER |
| Temperature, water deg. centigrade | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00010 R 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 9 DAILY AV | 13 INST MAX | deg C | | Monthly | METER |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00530 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00530 O 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 2 DAILY AV | 2 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 00530 P 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 5 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Solids, settleable | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | ***** | | | | |
| 00545 S 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 2 DAILY AV | ***** | mL/L | | Twice Per Year | CALCTD |

| | | | | | |
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| | | | | AREA Code | NUMBER |
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| 08/01/2013 | 08/31/2013 |

DMR Mailing ZIP CODE: 83707

MINOR

(SUBR 06)

FACILITY TOTAL

Sum

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|-----------------------|-------|--------------------------|---------------------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00665 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00665 2 0 Effluent Net | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | .1 MO AVG | .16 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00665 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Hardness, total [as CaCO3] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 00900 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | COMPOS |
| Copper, total recoverable | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 01119 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | COMPOS |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | ***** | 18.9 | | ***** | ***** | ***** | ***** | | Monthly | MEASRD |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | Req. Mon. DAILY MX | cfs | ***** | ***** | ***** | ***** | | Monthly | MEASRD |

| | | | | |
|--|---|--|--|------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | TELEPHONE | | DATE |
| | | | | |
| TYPED OR PRINTED | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | AREA Code |
| | | | | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SEE INSTRUCTION SHEET ACCOMPANYING DMR.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME/MAC
ADDRESS: 600 SOUTH WALNUT STREET, BOX 25
 BOISE, ID 83707

FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STA
LOCATION: 4848 NORTH 5600 WEST
 MACKAY, ID 83251

ATTN: GARY BYRNE, PROD SUPERVISOR

| | |
|---------------|------------------|
| IDG130030 | SUM-A |
| PERMIT NUMBER | DISCHARGE NUMBER |

| MONITORING PERIOD | |
|-------------------|------------|
| MM/DD/YYYY | MM/DD/YYYY |
| 09/01/2013 | 09/30/2013 |

DMR Mailing ZIP CODE: 83707

MINOR

(SUBR 06)

FACILITY TOTAL

Sum

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|------------------------------------|--------------------|---------------------|-------|-------|--------------------------|---------------------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Temperature, water deg. centigrade | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00010 Q 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 19 DAILY AV | 22 INST MAX | deg C | | Monthly | METER |
| Temperature, water deg. centigrade | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 11.1 | 11.1 | | 30 | Monthly | METER |
| 00010 R 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 9 DAILY AV | 13 INST MAX | deg C | | Monthly | METER |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00530 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00530 O 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 2 DAILY AV | 2 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 00530 P 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 5 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Solids, settleable | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | ***** | | | | |
| 00545 S 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 2 DAILY AV | ***** | mL/L | | Twice Per Year | CALCTD |

| | | | | | |
|--|---|--|--|-----------|------------|
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| | | | | AREA Code | NUMBER |
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SEE INSTRUCTION SHEET ACCOMPANYING DMR.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME/MAC
ADDRESS: 600 SOUTH WALNUT STREET, BOX 25
 BOISE, ID 83707

FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STA
LOCATION: 4848 NORTH 5600 WEST
 MACKAY, ID 83251

ATTN: GARY BYRNE, PROD SUPERVISOR

| | |
|-------------------|------------------|
| IDG130030 | SUM-A |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 09/01/2013 | 09/30/2013 |

DMR Mailing ZIP CODE: 83707

MINOR

(SUBR 06)

FACILITY TOTAL

Sum

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|-----------------------|-------|--------------------------|---------------------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00665 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00665 2 0 Effluent Net | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | .1 MO AVG | .16 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00665 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Hardness, total [as CaCO3] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 00900 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | COMPOS |
| Copper, total recoverable | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 01119 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | COMPOS |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | ***** | 21.4 | | ***** | ***** | ***** | ***** | | | |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | Req. Mon. DAILY MX | cfs | ***** | ***** | ***** | ***** | | Monthly | MEASRD |

| | | | | |
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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME/MAC
ADDRESS: 600 SOUTH WALNUT STREET, BOX 25
 BOISE, ID 83707

FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STA
LOCATION: 4848 NORTH 5600 WEST
 MACKAY, ID 83251

ATTN: GARY BYRNE, PROD SUPERVISOR

| | |
|---------------|------------------|
| IDG130030 | SUM-A |
| PERMIT NUMBER | DISCHARGE NUMBER |

| MONITORING PERIOD | |
|-------------------|------------|
| MM/DD/YYYY | MM/DD/YYYY |
| 10/01/2013 | 10/31/2013 |

DMR Mailing ZIP CODE: 83707

MINOR

(SUBR 06)

FACILITY TOTAL

Sum

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|------------------------------------|--------------------|---------------------|-------|-------|--------------------------|---------------------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Temperature, water deg. centigrade | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00010 Q 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 19 DAILY AV | 22 INST MAX | deg C | | Monthly | METER |
| Temperature, water deg. centigrade | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 11.1 | 11.1 | | 31 | Monthly | METER |
| 00010 R 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 9 DAILY AV | 13 INST MAX | deg C | | Monthly | METER |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | < 2 | < 2 | | | Twice Per Year | COMPOS |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | < 2 | < 2 | | | Twice Per Year | COMPOS |
| 00530 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | < 2 | < 2 | | | Twice Per Year | CALCTD |
| 00530 O 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 2 DAILY AV | 2 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | < 2 | | | Twice Per Year | CALCTD |
| 00530 P 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 5 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Solids, settleable | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | .1 | ***** | | | Twice Per Year | CALCTD |
| 00545 S 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 2 DAILY AV | ***** | mL/L | | Twice Per Year | CALCTD |

| | | | | |
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| | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | |
| | | AREA Code | NUMBER | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SEE INSTRUCTION SHEET ACCOMPANYING DMR.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME/MAC
ADDRESS: 600 SOUTH WALNUT STREET, BOX 25
 BOISE, ID 83707

FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STA
LOCATION: 4848 NORTH 5600 WEST
 MACKAY, ID 83251

ATTN: GARY BYRNE, PROD SUPERVISOR

| | |
|---------------|------------------|
| IDG130030 | SUM-A |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 10/01/2013 | 10/31/2013 |

DMR Mailing ZIP CODE: 83707

MINOR

(SUBR 06)

FACILITY TOTAL

Sum

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|-----------------------|-------|--------------------------|---------------------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | .017 | .017 | | | Twice Per Year | COMPOS |
| 00665 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | .006 | .006 | | | Twice Per Year | CALCTD |
| 00665 2 0 Effluent Net | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | .1 MO AVG | .16 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | .011 | .011 | | | Twice Per Year | COMPOS |
| 00665 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Hardness, total [as CaCO3] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 00900 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | COMPOS |
| Copper, total recoverable | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 01119 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | COMPOS |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | ***** | 19.9 | | ***** | ***** | ***** | ***** | | Monthly | MEASRD |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | Req. Mon. DAILY MX | cfs | ***** | ***** | ***** | ***** | | Monthly | MEASRD |

| | | | | |
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FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STA
LOCATION: 4848 NORTH 5600 WEST
 MACKAY, ID 83251

ATTN: GARY BYRNE, PROD SUPERVISOR

| | |
|---------------|------------------|
| IDG130030 | SUM-A |
| PERMIT NUMBER | DISCHARGE NUMBER |

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DMR Mailing ZIP CODE: 83707

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FACILITY TOTAL

Sum

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|------------------------------------|--------------------|---------------------|-------|-------|--------------------------|---------------------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Temperature, water deg. centigrade | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 11.1 | 11.1 | | | Monthly | METER |
| 00010 Q 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 19 DAILY AV | 22 INST MAX | deg C | | Monthly | METER |
| Temperature, water deg. centigrade | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00010 R 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 9 DAILY AV | 13 INST MAX | deg C | | Monthly | METER |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00530 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00530 O 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 2 DAILY AV | 2 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 00530 P 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 5 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Solids, settleable | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | ***** | | | | |
| 00545 S 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 2 DAILY AV | ***** | mL/L | | Twice Per Year | CALCTD |

| | | | | | |
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| | | | | AREA Code | NUMBER |
| TYPED OR PRINTED | | | | | MM/DD/YYYY |

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DMR Mailing ZIP CODE: 83707

MINOR

(SUBR 06)

FACILITY TOTAL

Sum

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|-----------------------|-------|--------------------------|---------------------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00665 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00665 2 0 Effluent Net | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | .1 MO AVG | .16 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00665 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Hardness, total [as CaCO3] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 00900 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | COMPOS |
| Copper, total recoverable | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 01119 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | COMPOS |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | ***** | 21.1 | | ***** | ***** | ***** | ***** | | Monthly | MEASRD |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | Req. Mon. DAILY MX | cfs | ***** | ***** | ***** | ***** | | Monthly | MEASRD |

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LOCATION: 4848 NORTH 5600 WEST
 MACKAY, ID 83251

ATTN: GARY BYRNE, PROD SUPERVISOR

| | |
|----------------------|-------------------------|
| IDG130030 | SUM-A |
| PERMIT NUMBER | DISCHARGE NUMBER |

| MONITORING PERIOD | |
|-------------------|-------------------|
| MM/DD/YYYY | MM/DD/YYYY |
| 12/01/2013 | 12/31/2013 |

DMR Mailing ZIP CODE: 83707

MINOR

(SUBR 06)

FACILITY TOTAL

Sum

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|------------------------------------|---------------------------|---------------------|-------|-------|--------------------------|---------------------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Temperature, water deg. centigrade | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 11.1 | 11.1 | | | Monthly | METER |
| 00010 Q 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 19 DAILY AV | 22 INST MAX | deg C | | Monthly | METER |
| Temperature, water deg. centigrade | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00010 R 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 9 DAILY AV | 13 INST MAX | deg C | | Monthly | METER |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00530 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00530 O 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 2 DAILY AV | 2 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 00530 P 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 5 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Solids, settleable | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | ***** | | | | |
| 00545 S 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 2 DAILY AV | ***** | mL/L | | Twice Per Year | CALCTD |

| | | | | |
|---|---|---|--|-------------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | TELEPHONE | | DATE |
| | | | | |
| TYPED OR PRINTED | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | AREA Code |
| | | | | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SEE INSTRUCTION SHEET ACCOMPANYING DMR.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME/MAC
ADDRESS: 600 SOUTH WALNUT STREET, BOX 25
 BOISE, ID 83707

FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STA
LOCATION: 4848 NORTH 5600 WEST
 MACKAY, ID 83251

ATTN: GARY BYRNE, PROD SUPERVISOR

| | |
|---------------|------------------|
| IDG130030 | SUM-A |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 12/01/2013 | 12/31/2013 |

DMR Mailing ZIP CODE: 83707

MINOR

(SUBR 06)

FACILITY TOTAL

Sum

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|-----------------------|-------|--------------------------|---------------------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00665 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00665 2 0 Effluent Net | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | .1 MO AVG | .16 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00665 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Hardness, total [as CaCO3] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 00900 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | COMPOS |
| Copper, total recoverable | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 01119 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | COMPOS |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | ***** | 18.3 | | ***** | ***** | ***** | ***** | | Monthly | MEASRD |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | Req. Mon. DAILY MX | cfs | ***** | ***** | ***** | ***** | | Monthly | MEASRD |

| | | | | |
|--|---|--|--|------------|
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| TYPED OR PRINTED | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | AREA Code |
| | | | | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SEE INSTRUCTION SHEET ACCOMPANYING DMR.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME/MAC
ADDRESS: 600 SOUTH WALNUT STREET, BOX 25
 BOISE, ID 83707

FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STA
LOCATION: 4848 NORTH 5600 WEST
 MACKAY, ID 83251

ATTN: GARY BYRNE, PROD SUPERVISOR

| | |
|---------------|------------------|
| IDG130030 | SUM-A |
| PERMIT NUMBER | DISCHARGE NUMBER |

| MONITORING PERIOD | |
|-------------------|------------|
| MM/DD/YYYY | MM/DD/YYYY |
| 01/01/2014 | 01/31/2014 |

DMR Mailing ZIP CODE: 83707

MINOR

(SUBR 06)

FACILITY TOTAL

Sum

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|------------------------------------|--------------------|---------------------|-------|-------|--------------------------|---------------------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Temperature, water deg. centigrade | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 11 | 11 | | | Monthly | METER |
| 00010 Q 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 19 DAILY AV | 22 INST MAX | deg C | | Monthly | METER |
| Temperature, water deg. centigrade | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00010 R 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 9 DAILY AV | 13 INST MAX | deg C | | Monthly | METER |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00530 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00530 O 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 2 DAILY AV | 2 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 00530 P 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 5 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Solids, settleable | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | ***** | | | | |
| 00545 S 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 2 DAILY AV | ***** | mL/L | | Twice Per Year | CALCTD |

| | | | | |
|--|---|--|--------|------------|
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| | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | |
| | | AREA Code | NUMBER | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SEE INSTRUCTION SHEET ACCOMPANYING DMR.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME/MAC
ADDRESS: 600 SOUTH WALNUT STREET, BOX 25
 BOISE, ID 83707

FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STA
LOCATION: 4848 NORTH 5600 WEST
 MACKAY, ID 83251

ATTN: GARY BYRNE, PROD SUPERVISOR

| | |
|---------------|------------------|
| IDG130030 | SUM-A |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 01/01/2014 | 01/31/2014 |

DMR Mailing ZIP CODE: 83707

MINOR

(SUBR 06)

FACILITY TOTAL

Sum

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|-----------------------|-------|--------------------------|---------------------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00665 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00665 2 0 Effluent Net | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | .1 MO AVG | .16 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00665 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Hardness, total [as CaCO3] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 00900 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | COMPOS |
| Copper, total recoverable | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 01119 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | COMPOS |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | ***** | 18.7 | | ***** | ***** | ***** | ***** | | Monthly | MEASRD |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | Req. Mon. DAILY MX | cfs | ***** | ***** | ***** | ***** | | Monthly | MEASRD |

| | | | | |
|--|---|--|--|------------|
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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME/MAC
ADDRESS: 600 SOUTH WALNUT STREET, BOX 25
 BOISE, ID 83707

FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STA
LOCATION: 4848 NORTH 5600 WEST
 MACKAY, ID 83251

ATTN: GARY BYRNE, PROD SUPERVISOR

| | |
|---------------|------------------|
| IDG130030 | SUM-A |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 02/01/2014 | 02/28/2014 |

DMR Mailing ZIP CODE: 83707

MINOR

(SUBR 06)

FACILITY TOTAL

Sum

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| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|------------------------------------|--------------------|---------------------|-------|-------|--------------------------|---------------------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Temperature, water deg. centigrade | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 11.1 | 11.1 | | | Monthly | METER |
| 00010 Q 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 19 DAILY AV | 22 INST MAX | deg C | | Monthly | METER |
| Temperature, water deg. centigrade | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00010 R 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 9 DAILY AV | 13 INST MAX | deg C | | Monthly | METER |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00530 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | | | | | |
| 00530 O 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 2 DAILY AV | 2 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 00530 P 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 5 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Solids, settleable | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | ***** | | | | |
| 00545 S 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 2 DAILY AV | ***** | mL/L | | Twice Per Year | CALCTD |

| | | | | | |
|--|---|--|--|-----------|------------|
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| | | | | AREA Code | NUMBER |
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ATTN: GARY BYRNE, PROD SUPERVISOR

| | |
|---------------|------------------|
| IDG130030 | SUM-A |
| PERMIT NUMBER | DISCHARGE NUMBER |

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DMR Mailing ZIP CODE: 83707

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(SUBR 06)

FACILITY TOTAL

Sum

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|-----------------------|-------|--------------------------|---------------------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00665 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00665 2 0 Effluent Net | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | .1 MO AVG | .16 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00665 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Hardness, total [as CaCO3] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 00900 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | COMPOS |
| Copper, total recoverable | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 01119 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | COMPOS |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | ***** | 19.9 | | ***** | ***** | ***** | ***** | | Monthly | MEASRD |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | Req. Mon. DAILY MX | cfs | ***** | ***** | ***** | ***** | | Monthly | MEASRD |

| | | | | |
|--|---|--|--|------------|
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| | | | | |
| TYPED OR PRINTED | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | AREA Code |
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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NAME: IDAHO DEPARTMENT OF FISH AND GAME/MAC
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 BOISE, ID 83707

FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STA
LOCATION: 4848 NORTH 5600 WEST
 MACKAY, ID 83251

ATTN: GARY BYRNE, PROD SUPERVISOR

| | |
|---------------|------------------|
| IDG130030 | SUM-A |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 03/01/2014 | 03/31/2014 |

DMR Mailing ZIP CODE: 83707

MINOR

(SUBR 06)

FACILITY TOTAL

Sum

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|------------------------------------|--------------------|---------------------|-------|-------|--------------------------|---------------------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Temperature, water deg. centigrade | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00010 Q 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 19 DAILY AV | 22 INST MAX | deg C | | Monthly | METER |
| Temperature, water deg. centigrade | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 11.1 | 11.1 | | 31 | Monthly | METER |
| 00010 R 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 9 DAILY AV | 13 INST MAX | deg C | | Monthly | METER |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00530 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00530 O 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 2 DAILY AV | 2 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 00530 P 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 5 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Solids, settleable | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | ***** | | | | |
| 00545 S 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 2 DAILY AV | ***** | mL/L | | Twice Per Year | CALCTD |

| | | | | |
|--|---|--|--------|------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER TYPED OR PRINTED | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | TELEPHONE | | DATE |
| | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | |
| | | AREA Code | NUMBER | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SEE INSTRUCTION SHEET ACCOMPANYING DMR.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME/MAC
ADDRESS: 600 SOUTH WALNUT STREET, BOX 25
 BOISE, ID 83707

FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STA
LOCATION: 4848 NORTH 5600 WEST
 MACKAY, ID 83251

ATTN: GARY BYRNE, PROD SUPERVISOR

| | |
|---------------|------------------|
| IDG130030 | SUM-A |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 03/01/2014 | 03/31/2014 |

DMR Mailing ZIP CODE: 83707

MINOR

(SUBR 06)

FACILITY TOTAL

Sum

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|-----------------------|-------|--------------------------|---------------------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00665 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00665 2 0 Effluent Net | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | .1 MO AVG | .16 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00665 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Hardness, total [as CaCO3] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 00900 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | COMPOS |
| Copper, total recoverable | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 01119 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | COMPOS |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | ***** | 20.7 | | ***** | ***** | ***** | ***** | | Monthly | MEASRD |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | Req. Mon. DAILY MX | cfs | ***** | ***** | ***** | ***** | | Monthly | MEASRD |

| | | | | |
|--|---|--|--|------------|
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| | | | | |
| TYPED OR PRINTED | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | AREA Code |
| | | | | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SEE INSTRUCTION SHEET ACCOMPANYING DMR.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME/MAC
ADDRESS: 600 SOUTH WALNUT STREET, BOX 25
 BOISE, ID 83707

FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STA
LOCATION: 4848 NORTH 5600 WEST
 MACKAY, ID 83251

ATTN: GARY BYRNE, PROD SUPERVISOR

| | |
|---------------|------------------|
| IDG130030 | SUM-A |
| PERMIT NUMBER | DISCHARGE NUMBER |

| | |
|-------------------|------------|
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 04/01/2014 | 04/30/2014 |

DMR Mailing ZIP CODE: 83707

MINOR

(SUBR 06)

FACILITY TOTAL

Sum

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|------------------------------------|--------------------|---------------------|-------|-------|--------------------------|---------------------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Temperature, water deg. centigrade | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI 9 | NODI 9 | | | | |
| 00010 Q 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 19 DAILY AV | 22 INST MAX | deg C | | Monthly | METER |
| Temperature, water deg. centigrade | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 11.1 | 11.1 | | | Monthly | METER |
| 00010 R 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 9 DAILY AV | 13 INST MAX | deg C | | Monthly | METER |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | < 2 | < 2 | | | Twice Per Year | COMPOS |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | < 2 | < 2 | | | Twice Per Year | COMPOS |
| 00530 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | < 2 | < 2 | | | Twice Per Year | CALCTD |
| 00530 O 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 2 DAILY AV | 2 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | < 2 | | | Twice Per Year | CALCTD |
| 00530 P 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 5 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Solids, settleable | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | < .1 | ***** | | | Twice Per Year | CALCTD |
| 00545 S 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 2 DAILY AV | ***** | mL/L | | Twice Per Year | CALCTD |

| | | | | |
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| | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | |
| | | AREA Code | NUMBER | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SEE INSTRUCTION SHEET ACCOMPANYING DMR.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME/MAC
ADDRESS: 600 SOUTH WALNUT STREET, BOX 25
 BOISE, ID 83707

FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STA
LOCATION: 4848 NORTH 5600 WEST
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ATTN: GARY BYRNE, PROD SUPERVISOR

| | |
|-------------------|------------------|
| IDG130030 | SUM-A |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 04/01/2014 | 04/30/2014 |

DMR Mailing ZIP CODE: 83707

MINOR

(SUBR 06)

FACILITY TOTAL

Sum

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|-----------------------|-------|--------------------------|---------------------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | .024 | .024 | | | Twice Per Year | COMPOS |
| 00665 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | .013 | .013 | | | Twice Per Year | CALCTD |
| 00665 2 0 Effluent Net | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | .1 MO AVG | .16 DAILY MX | mg/L | | Twice Per Year | CALCTD |
| Phosphorus, total [as P] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | .011 | .011 | | | Twice Per Year | COMPOS |
| 00665 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Year | COMPOS |
| Hardness, total [as CaCO3] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 00900 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | COMPOS |
| Copper, total recoverable | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | NODI 9 | | | | |
| 01119 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | COMPOS |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | ***** | 16.9 | | ***** | ***** | ***** | ***** | | Monthly | MEASRD |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | Req. Mon. DAILY MX | cfs | ***** | ***** | ***** | ***** | | Monthly | MEASRD |

| | | | | |
|--|---|--|--|------------|
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